**U.S. Department of Labor**

**Evaluating the Accessibility of**

**American Job Centers for**

**People with Disabilities**

***Survey Instrument***

**April 4, 2014**

***Submitted to:***

U.S. Department of Labor

200 Constitution Ave., NW

Washington, DC 20210

#  SURVEY OF AMERICAN JOB CENTER ACCESSIBILITY TO

# PERSONS WITH DISABILITIES

The OMB Control Number for this information collection is <insert number> and the expiration date is <insert date>.

According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this survey is voluntary. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to Dr. Stefanie Schmidt at schmidt.stefanie@dol.gov.

**Introduction**

You are being asked to participate in a survey about the accessibility of your American Job Center (AJC) and its programs and services to people with disabilities (PWD). The U.S. Department of Labor’s Chief Evaluation Office has contracted with IMPAQ International and its partner the Burton Blatt Institute of Syracuse University to conduct this survey to assess the programmatic, communication and physical accessibility of the AJC system for individuals with all types of disabilities.

We are conducting this survey in order to develop a national estimate of the accessibility of the workforce system, which the U.S. Department of Labor will provide to Congress. This is not an audit for compliance with laws and regulations regarding accessibility for American Job Centers.  Rather, the purpose of the study is to gather data to paint a broad picture about the degree to which AJCs as a whole are accessible to PWD. All the information you provide will be reported as aggregate or grouped data and will only be used for the purposes of this study.

We anticipate that the Center Director is the best person to complete the survey, but **please feel free to seek assistance from other staff members**. We understand that accessibility is a work in progress and that Centers make every effort to accommodate customers who seek program and services. Please answer all of the questions to the best of your ability.

**Key Definitions & Acronyms**

Please note that throughout this survey we use the term:

* “**PWD**” to refer to a person (customer or potential customer) with a disability (e.g., physical, mental, cognitive, and sensory disabilities). The same acronym is used for the plural – people with disabilities
* “**American Job Center**” or “**Center**” to refer to what were formerly called “One-stop Career Centers” or “Job Centers”
* “**All customers**” to refer to all customers served by your AJC whether or not they have a disability
* “**All types of disabilities**” to refer to the full range of disabilities, including physical, communication (e.g., deafness, blindness), intellectual, and mental health or behavioral/emotional.
* “**WIA**” to refer to the Workforce Investment Act of 1998

In addition, we have organized the types of accessibility addressed in the survey according to the following three common types:

* **Physical Accessibility**: The extent to which facilities are designed, constructed, or altered so that they are accessible and usable by PWD.
* **Programmatic Accessibility**: The extent to which PWD have access to the full range of services available to all AJC customers regardless of disability (e.g., core, intensive, and training).
* **Communication Accessibility**: The extent to which center staff and partner agencies are able to communicate with PWD as effectively as with others.

**Instructions for Completing the Survey**

* Each AJC has its own unique survey link, so we ask that you do not forward it to colleagues from other AJCs.
* We are interested in your responses as the person who knows best how your AJC operates overall and how your center serves its customers, including your customers with disabilities. However, there may be some questions on the survey that someone else on your staff may be able to answer more easily or completely. Please feel free to request assistance from others on your staff who may be able to help you in answering some of the questions.
* Please use only the Previous Page and Next Page buttons to go back to a previous question or move on to the next one. Please do not use the back and forward arrows in your browser for navigation.
* Because the file saves automatically each time you click “Next Page,” it is possible to close the file and re-open it again at a future date. Just click on the link in your email again and it will take you to your partially completed survey with all completed pages saved. [Remember, the file is saved when you click on “Next Page,” so information on a partially completed page will not be saved for a future session unless you click on “Next Page” before you close the file.]

**Questions?**

If you have any questions about completion of this survey or wish to receive your survey in an alternative format, please contact Ms. Amy Djangali of IMPAQ at 443.283.1648 or **adjangali@impaqint.com**.

If you have any questions about the overall study, please contact Dr. Stefanie Schmidt of the Chief Evaluator’s Office, U.S. Department of Labor, at 202.693.5901 or **schmidt.stefanie@dol.gov**.

**Returning Completed Surveys**

Please complete and submit your responses to this survey by **no later than Month/Date/Year**.

Thank you for your assistance in this effort to assess the accessibility of the national AJC system. The information you provide will help improve AJC services not only to people with disabilities, but to all customers.

# SECTION A. BACKGROUND INFORMATION

**First, we will begin with some questions about your American Job Center. Please tell us about the make-up of your American Job Center and its operations.**

**A1. Which best describes the area served by your center?**

* Mostly urban
* Mostly suburban
* Mostly rural

**A2. What type of center is your AJC?**

* Comprehensive center
* Affiliate or satellite center
* Other (*Please specify*):

**A3. Who operates your center?**

* A government entity (e.g., county or special district) or consortium
* A private non-profit organization or consortium
* A private for-profit organization or consortium
* A “mixed” consortium of government and private entities
* Other

**A4. Which types of services does your center offer “on site”? (*Check all that apply*)**

* Wagner-Peyser Services
* WIA Core Services
* WIA Intensive Services
* WIA Training Services
* Jobs for Veterans State Grants
* AJC Partner Services (e.g., other Veterans’ Services, Unemployment Insurance)
* Supportive services

**A5. Is Vocational Rehabilitation (VR) co-located (e.g., located in the same office or building) with your AJC?**

* Yes
* No

**A6. Is your center an Employment Network (EN) in the Ticket-to-Work program?**

* Yes [*Go to A6a*]
* No [*Go to A6b*]
* Do not know [*Go to A7*]

**A6a. If yes, is your center currently accepting tickets?**

* Yes
* No
* Do not know

**A6b. If no, does your center work with another local EN?**

* Yes
* No
* Do not know

**A7. Does your center currently have one or more of the following types of staff? (*Check all that apply*)**

* Disability Program Navigator
* Disability Resource Coordinator
* Disability services specialist
* Specialist for veterans with disabilities
* None of the above

# SECTION B. PROGRAMMATIC AND COMMUNICATION ACCESSIBILITY

**Next, we ask questions about your center’s communication and service delivery to customers and training provided to center staff.**

## Initial Contacts between Customers and Your Center

**B1. Does your center currently conduct outreach?**

* Yes [*Go to B2*]
* No [*Go to B3*]
* Do not know [*Go to B3*]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B2. When your center conducts outreach activities, does it:** | **1****Rarely or****not at all** | **2****Some****of the time** | **3****Most****of the time** | **4****Always** |
| 1. Provide information about alternative ways to contact your center (e.g., the address of an accessible website, a TDD/TTY number, or the number for the telephone relay service)?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Indicate whether communication aids and services for persons with disabilities (PWD) are available?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Indicate whether assistive technology for PWD is available?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Include images or language about PWD receiving services with other customers in outreach materials?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Consult with disability and other stakeholder groups about how to improve outreach to PWD?
 | 🔿 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B3. How often do customers experience each of the following when they first visit your center?**  **We are asking about all customers, whether they are PWD or not.** | **1****Rarely or****not at all** | **2****Some of the time** | **3****Most of the time** | **4****Always** |
| 1. Customers are provided with information on center services and programs for PWD.
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Customers are provided with information on how to seek accommodations and communication aids and services.
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Information is presented in ways that can be understood by people with all types of disabilities.
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. There are notices outlining rights and protections for PWD posted in high visibility areas in the Center.
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Customers are offered assistance in filling out forms and application materials.
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. There is time for questions and explanations during introductions or orientations.
 | 🔿 | 🔿 | 🔿 | 🔿 |

**B4. Does your AJC offer online access to Center services?**

* Services are provided exclusively online [*Go to B4a*]
* Some of our services are available online [*Go to B4a*]
* No services are available online [*Go to B5*]

**B4a. Does the website for your center provide? *(Check all that apply.)***

* Text descriptions of graphics or pictures
* Equivalent alternatives for information presented in audio or video formats
* Online forms that can be filled out using assistive technology
* Information on center services and programs for PWD
* Information on how to seek accommodations and communication aids and services
* None of the above

**B5. How does your center determine whether or not a customer or prospective customer has a disability?** ***(Check all that apply.)***

* We ask all customers whether they have a disability
* A customer/potential customer identifies him or herself as a PWD
* Through a referral from another agency or disability service organization
* Through assessments given to all customers receiving services
* Through assessments given to select individuals based on staff judgment

## Service Delivery

**B6. During the service planning process, does center staff offer customers accommodations when completing skills assessments or other planning activities?**

* Yes, to all customers
* Yes, to customers who have been identified as having a disability
* Yes, to customers who seem to need them, based on staff judgment
* No, staff does not offer accommodations for skills assessments or service planning activities

**B7. In service planning with individual customers, how are strategies for overcoming disability-related barriers addressed? *(Check all that apply.)***

|  |  |
| --- | --- |
| * We do not discuss strategies for overcoming disability related barriers with customers.
 | [*Go to B8*] |
| * Staff reviews strategies for overcoming disability related barriers informally with customers
 | [*Go to B7a*] |
| * Staff record strategies for overcoming disability related barriers in their case notes
 | [*Go to B7a*] |
| * Staff incorporates strategies for overcoming disability related barriers in a formal planning tool such as an IEP
 | [*Go to B7a*] |

**B7a. How often are strategies for overcoming disability-related barriers discussed after they have been developed? *(Check all that apply.)***

* Staff does not discuss strategies for overcoming disability-related barriers after they have been initially developed
* Strategies for overcoming disability-related barriers are discussed when customers reach specific employment or training-related milestones
* Strategies for overcoming disability-related barriers are discussed on a regular basis
* Strategies for overcoming disability-related barriers are discussed as needed or as requested by the customer

**B8.** **Does center staff modify eligibility criteria for WIA intensive services to accommodate the specific needs of PWD?**

* Yes
* No

**B9.** **Does center staff make changes to eligibility criteria for WIA training services to accommodate the specific needs of PWD?**

* Yes
* No

**B10**. **Which statement best describes how your center works with other agencies and organizations to provide services and programs to PWD? [Choose only one]**

|  |  |
| --- | --- |
| * We serve PWD at our center, often working together with other agencies and organizations that serve PWD.
 | [*Go to B10a*] |
| * We believe that PWD are better served by other disability agencies in the community, so we refer PWD to other agencies and organizations to receive services.
 | [*Go to B11*] |

**B10a. Which statement best describes how your center provides services for customers with disabilities? [Choose only one]**

* Services for PWD are provided in the same setting as other customers
* Some services are provided to PWD at a time or location separate or different from other customers

**The next two questions ask about the AJC’s relationship with external training providers which may provide services to PWD.**

**B11. Does your state’s eligible training provider list include training providers that address the needs of PWD?**

* Yes
* No
* Do not know

**B12. Does your center contract with external training providers?**

* Yes [*Go to B12a*]
* No [*Go to B13*]
* Do not know [*Go to B13*]

**B12a. Do these external training providers adequately address the needs of PWD?**

* Yes
* No
* Do not know

**B13. Does your center provide benefits counseling (e.g. SSI/SSDI, Medicaid, Medicare) as part of the Core Services offered to PWD?**

* Yes [*Go to B13a*]
* No [*Go to B14*]

**B13a. Who provides the benefits counseling to PWD?**

* Benefits counseling is provided by center staff
* Benefits counseling is provided by an offsite benefits counselor or other consultant or through partnerships

**B14. Does your center provide benefits counseling for service disabled veterans (e.g., VA Benefits, VRE, Veterans’ disability compensation)?**

* Yes
* No

|  |  |  |  |
| --- | --- | --- | --- |
| **B15. During the service delivery process, does your center:** | **Yes** | **No** | **Do Not Know** |
| 1. Routinely ask all customers if they need accommodations or assistance?
 | 🔿 | 🔿 | 🔿 |
| 1. Communicate clear instructions to customers for requesting reasonable accommodations and modifications?
 | 🔿 | 🔿 | 🔿 |
| 1. Include supervisory staff members who know how to proceed if a PWD customer requests an accommodation?
 | 🔿 | 🔿 | 🔿 |
| 1. Maintain or have ready access to personnel who can install, set-up and maintain adaptive equipment and materials?
 | 🔿 | 🔿 | 🔿 |
| 1. Consult with organizations such as the Job Accommodation Network or Vocational Rehabilitation that provide assistance with job accommodations for PWD?
 | 🔿 | 🔿 | 🔿 |

**In this section, we ask about the procedures for protecting the confidentiality of the center’s PWD customers.**

|  |  |  |  |
| --- | --- | --- | --- |
| **B16. How does your center address confidentiality of disability information?** | **Yes** | **No** | **Do Not Know** |
| a. All customers are asked in writing whether they have a disability. | 🔿 | 🔿 | 🔿 |
| b. Customers are informed that information about their disability will be kept confidential. | 🔿 | 🔿 | 🔿 |
| c. Customers are informed **both** verbally and in writing that the decision to share disability information is strictly voluntary. | 🔿 | 🔿 | 🔿 |
| d. Staff obtains the customer’s permission before discussing his or her disability with other individuals. | 🔿 | 🔿 | 🔿 |
| e. Information concerning a person’s disability is limited to staff who require this information for service delivery. | 🔿 | 🔿 | 🔿 |
| f. If a customer needs help in filling out registration or intake forms, this is done one-on-one in a private room. | 🔿 | 🔿 | 🔿 |
| g. Staff discusses with PWD the pros and cons of talking about their disability with employers and/or potential employers. | 🔿 | 🔿 | 🔿 |

## Staff Training and Knowledge

**The next set of questions will explore the kind of training, technical assistance or professional development the staff at your center are provided.**

|  |
| --- |
| **B17. Please indicate those areas for which your center provides training or technical assistance to the center staff. *(Check all that apply)*** |
| a. Orientation to serving PWD for new employees | 🔿 |
| b. Basic disability etiquette  | 🔿 |
| c. Procedures for arranging communication aids and services for PWD  | 🔿 |
| d. Specific employment strategies for PWD (e.g., supported employment, Ticket to Work, customized employment) | 🔿 |
| e. How to help PWD use the assistive technologies currently available in your center  | 🔿 |
| f. Knowledge of specific types of disabilities and implications for service delivery | 🔿 |
| g. Application of “universal design” principles to center programs and services | 🔿 |
| h. Community resources and center resources that can support PWD | 🔿 |
| i. Avoiding assumptions about the capabilities of PWD when evaluating skills or job opportunities | 🔿 |
| j. Emergency evacuation procedures for PWD | 🔿 |
| k. Other areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🔿 |
| l. None of the above | 🔿 |

## Adaptive and Assistive Technology

|  |  |  |
| --- | --- | --- |
| **B18. Does your center have at least one computer work station(s) for PWD with:** | **Yes** | **No** |
| 1. A large monitor (at least 19”) with a moveable mounting arm
 | 🔿 | 🔿 |
| 1. Screen enlargement capability
 | 🔿 | 🔿 |
| 1. Screen reading software
 | 🔿 | 🔿 |
| 1. Voice output capability
 | 🔿 | 🔿 |
| 1. Large keyboard caps and keyboard orientation aids
 | 🔿 | 🔿 |
| 1. Word prediction software
 | 🔿 | 🔿 |
| 1. A height adjustable table
 | 🔿 | 🔿 |

## Involvement of PWD at the Center

|  |  |  |  |
| --- | --- | --- | --- |
| **B19. Are PWD involved in your center in any of the following ways?**  | **Yes** | **No** | **Do Not Know** |
| 1. PWD are consulted to help identify accessibility issues at your center.
 | 🔿 | 🔿 | 🔿 |
| 1. PWD are consulted to help resolve accessibility issues at your center.
 | 🔿 | 🔿 | 🔿 |
| 1. One or more PWD sit on the WIB or center governing team.
 | 🔿 | 🔿 | 🔿 |
| 1. PWD serve as advisors to center staff regarding center operations.
 | 🔿 | 🔿 | 🔿 |

## Addressing the Needs of PWD with Specific Disabilities

|  |  |  |  |
| --- | --- | --- | --- |
| **B20. For customers who are deaf or hard of hearing:** | **Yes** | **No** | **Do Not Know** |
| 1. Is center staff familiar with how to use telephone or web-based options for communicating (e.g., telephone relay service, TDD/TTY)?
 | 🔿 | 🔿 | 🔿 |
| 1. Is center staff familiar with the etiquette of a text-based telephone call?
 | 🔿 | 🔿 | 🔿 |
| 1. Does your center have technology-based options available for customers to ***call into*** your center?
 | 🔿 | 🔿 | 🔿 |
| 1. Does your center provide technology-based options for customers to make ***outgoing calls*** from your center?
 | 🔿 | 🔿 | 🔿 |
| 1. Does your center have a hands-free speaker phone with large keypad available for customers?
 | 🔿 | 🔿 | 🔿 |
| 1. Does your center provide Portable Assistive Listening Devices for customers?
 | 🔿 | 🔿 | 🔿 |
| 1. Does your center provide Computer Assisted Real-Time (CART) captioning for customers?
 | 🔿 | 🔿 | 🔿 |
| 1. Does center staff make information that is presented orally to customers also available in writing?
 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B21. For customers who are blind or visually-impaired:**  | **1****Rarely or not at all** | **2****Some of the time** | **3****Most of the time** | **4****Always**  |
| 1. If customers request materials in accessible formats (e.g., Braille, large print, audio recorded), is staff able to arrange for these without significant delay?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. If your center has videos/DVDs for public use, do they include audio descriptions?
 | 🔿 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B22. For customers with cognitive and/or psychiatric disabilities:**  | **1****Rarely or not at all** | **2****Some of the time** | **3****Most of the time** | **4****Always**  |
| 1. Do staff members offer assistance with the completion of forms?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Is a quiet environment made available for people to read materials?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Does the staff present information so that it is understandable to people with different language/cognitive abilities?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Do staff members offer breaks or the option to continue the session on another day, if needed?
 | 🔿 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B23. For customers with speech impairments:**  | **1****Rarely or not at all** | **2****Some of the time** | **3****Most of the time** | **4****Always**  |
| 1. If a staff member does not understand a customer, does he or she ask the customer to repeat their statement or question, and then say it back to the customer?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Do staff members ask questions that require only short answers or a nod of the head?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. Are customers offered the option to respond to a question in writing or on a computer?
 | 🔿 | 🔿 | 🔿 | 🔿 |
| 1. If no solution to a communication problem can be worked out, does the staff member ask the customer if there is someone who could interpret on the customer's behalf?
 | 🔿 | 🔿 | 🔿 | 🔿 |

#  SECTION C. PHYSICAL ACCESSIBILITY

**This section focuses on the physical accessibility of your center including exterior and interior access as well as specific facilities at your center, such as elevators and public restrooms.**

**Parking**

**C1. Is parking available for AJC customers on the street or in local parking lots/garages?**

* Yes [*Go to C1a*]
* No [*Go to C2*]

**C1a. Are disability accessible parking spaces provided?**

* Yes [*Go to C1b*]
* No [*Go to C1c*]

**C1b. Are the disability accessible parking spaces the ones closest to the main entrance?**

* Yes
* No

**C1c. Is “van accessible” parking provided with an access aisle?**

* Yes
* No

## Exterior Accessible Routes

|  |  |  |  |
| --- | --- | --- | --- |
| **C2. Are “curb ramps” provided between the facility entrance and the following areas?** | **Yes** | **No** | **Not Applicable** |
| 1. Center parking area
 | 🔿 | 🔿 | 🔿 |
| 1. Public parking area
 | 🔿 | 🔿 | 🔿 |
| 1. Public transportation
 | 🔿 | 🔿 | 🔿 |
| 1. Public sidewalk
 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |
| --- | --- | --- | --- |
| **C3. Is the route to the facility entrance from the following areas at least 36” wide?** | **Yes** | **No** | **Not Applicable** |
| 1. Center parking area
 | 🔿 | 🔿 | 🔿 |
| 1. Public parking area
 | 🔿 | 🔿 | 🔿 |
| 1. Public transportation
 | 🔿 | 🔿 | 🔿 |
| 1. Public sidewalk
 | 🔿 | 🔿 | 🔿 |

|  |  |  |  |
| --- | --- | --- | --- |
| **C4. Is the route to the facility entrance from the following areas stable, firm and slip resistant?** | **Yes** | **No** | **Not Applicable** |
| a. Center parking area | 🔿 | 🔿 | 🔿 |
| b. Public parking area | 🔿 | 🔿 | 🔿 |
| c. Public transportation | 🔿 | 🔿 | 🔿 |
| d. Public sidewalk | 🔿 | 🔿 | 🔿 |

**C5. Does your center have at least one ramp that allows access to the main entrance of your Center?**

* Yes [*Go to C5a*]
* No [*Go to C6*]

**C5a. Are all ramps at least 36” wide?**

* Yes
* No

**C6. If a main entrance is not accessible for PWD, is there another accessible entrance?**

* Yes
* No

**C7. Is there an International Symbol of Accessibility [ ![C:\Users\adjangali\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\R4KJTNZY\MC900303691[1].wmf]()] located at the accessible entrance(s)?**

* Yes
* No

**C8. Is there at least one entrance with a power operated door that either opens automatically or operates by a push button that is easy to reach?**

* Yes
* No

**C9. Is space available for a wheelchair/scooter user to approach, maneuver and open the door to your center?**

* Yes
* No

**Interior Accessible Routes**

|  |  |  |
| --- | --- | --- |
| **C10. Can PWD get to the following areas inside**  **your center without difficulty?** | **Yes** | **No** |
| 1. Toilet facilities
 | 🔿 | 🔿 |
| 1. Resource/computer room
 | 🔿 | 🔿 |
| 1. Training/meeting room
 | 🔿 | 🔿 |
| 1. Other public areas
 | 🔿 | 🔿 |

**Emergency Evacuation Systems**

**C11. Does your center have emergency alert systems with audio and visual signals (e.g., loud bells and flashing lights) that direct customers safely out of the building during an emergency?**

* Yes
* No

## Public Areas

**C12. Is there sufficient space in the reception or waiting area at your center to accommodate a wheelchair or electric scooter user?**

* Yes
* No

**C13. Does your center have a lowered counter or some other way that PWD can sign-in/register?**

* Yes
* No

**Restrooms**

**C14. Is there at least one wheelchair or electric scooter accessible restroom stall available in your public restroom?**

* Yes [*Go to C14a*]
* No [*Go to C15*]

**C14a. Are both side and rear grab bars provided?**

* Yes
* No

**C15. Is at least one mirror in your center’s public restroom accessible (e.g., low enough and within reasonable sight distance) to customers who are seated or of short stature?**

* Yes
* No
* The center’s public restroom does not have mirrors

**Elevators**

**C16. Does your center have an elevator?**

* Yes [*Go to C16a*]
* No [*Go to C17*]

**C16a. Is there a raised letter & Braille sign on each side of each elevator door jamb?**

* Yes
* No

**C16b. Is at least one elevator large enough for a wheelchair/scooter user to enter, turn to reach the controls, and exit?**

* Yes
* No

**C16c. Do the buttons on the control panel inside the elevator have Braille or raised characters?**

* Yes
* No

|  |  |  |  |
| --- | --- | --- | --- |
| **C17. In the past year, how frequently has your center received complaints about the accessibility of the following areas of your Center?** | **1****Have Not Received Any Complaints** | **2****Have Received At Least One Complaint** | **3****Have Received More Than One Complaint** |
| 1. Parking
 | 🔿 | 🔿 | 🔿 |
| 1. Exterior route into the center
 | 🔿 | 🔿 | 🔿 |
| 1. Pathways inside the center
 | 🔿 | 🔿 | 🔿 |
| 1. Reception area
 | 🔿 | 🔿 | 🔿 |
| 1. Customer work stations
 | 🔿 | 🔿 | 🔿 |
| 1. Public telephones
 | 🔿 | 🔿 | 🔿 |
| 1. Elevators [[1]](#footnote-1)
 | 🔿 | 🔿 | 🔿 |

## SECTION D. OVERALL CENTER ACCESSIBILITY

**This section asks about the accessibility of certain aspects of your Center.**

***Please use a scale of 1 to 4 with: 1 being completely inaccessible and 4 being fully accessible.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1. Please rate your center as to its level of accessibility for each of the following dimensions:**  | **Completely Inaccessible** |  |  | **Fully****Accessible** |
| **a. Overall Accessibility** | ① | ② | ③ | ④ |
| **b. Programmatic (Service Delivery) Accessibility** | ① | ② | ③ | ④ |
| **c. Communication Accessibility** | ① | ② | ③ | ④ |
| **d. Physical Accessibility** | ① | ② | ③ | ④ |

**D2. Does your center have a mobile unit?**

* Yes [*Go to D2a*]
* No [*Go to E1*]
* Do not know [*Go to E1*]

**D2a. Please rate the accessibility of your mobile unit. Please use a scale of 1 to 4, with 1 being completely inaccessible and 4 being fully accessible.**

|  |  |  |
| --- | --- | --- |
|   | ***Completely******Inaccessible*** | ***Fully Accessible*** |
|  | ① | ② | ③ | ④ |

**D2b. If the mobile unit has one or more computer workstations, does at least one have adaptive technology for PWD?**

* Yes
* No
* Our mobile unit(s) does not have computer work stations

**D2c. If the mobile unit has training equipment, is it accessible for PWD?**

* Yes
* No
* Our mobile unit(s) does not have training equipment

**SECTION E. ADDITIONAL INFORMATION ABOUT THE AJC**

**AJC Customer Information**

**This final section asks questions regarding the numbers of customers served at your center for the last reporting year. Please include customers served at all center locations (primary, satellite and mobile locations).**

**If you do not know exact numbers, please use your best estimate.**

|  |  |  |
| --- | --- | --- |
| **E1. Customers served at your center last reporting year (no duplicates)?** |  | # |
| **E1a. Percentage of customers who received supportive services?** |  | % |
| **E1b. Percentage of customers who received WIA intensive services?**  |  | % |
| **E1c. Percentage of customers who received WIA training services?**  |  | % |

|  |  |  |
| --- | --- | --- |
| **E2. Number of customers who disclosed a disability?** |  | # |
| **E2a. Percentage of customers with disabilities who received** **supportive services?** |  | % |
| **E2b. Percentage of customers with disabilities who received WIA**  **intensive services?** |  | % |
| **E2c. Percentage of customers with disabilities who received WIA**  **training services?**  |  | % |

|  |  |  |
| --- | --- | --- |
| **E3. Number of customers identified as veterans with disabilities?** |  | # |

**E4. Please add any additional comments you may have about your center’s accessibility.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# Thank you!

Thank you for taking time to complete this survey. As we noted at the beginning, all of the information you provided will be reported as aggregate or grouped data and will only be used for the purposes of this study.

***Please provide the following information about any staff members who have assisted you to complete this survey.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Job** **Title** |  | **# of Years** **At your Center** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

If you have any questions about completion of this survey or wish to receive your survey in an alternative format, please contact Ms. Amy Djangali of IMPAQ International at 443.283.1648 or **adjangali@impaqint.com**.

If you have any questions about the overall study, please contact Dr. Stefanie Schmidt of the Chief Evaluator’s Office, U.S. Department of Labor, at 202.693.5901 or **schmidt.stefanie@dol.gov**.

1. Item C17g will only appear if the respondent answers “Yes” to item C16. [↑](#footnote-ref-1)